

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Gila,
District of Globe,
Town of _____
or
City of Globe,

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145
County Registrar No. _____
Local Registrar No. 240

No. 333 N. East.
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Kenneth Brown,
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male, To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? Yes,
7. Date of birth 9 21 1925.
Month Day Year

8. FATHER
Full name John William Brown,
9. Residence (Usual place of abode) Globe,
If non-resident, give place and state.
10. Color or race White,
11. Age at last birthday 48 (Years)
12. Birthplace (city or place) San Francisco,
(State or country) Cal.
13. Occupation Miner
Nature of Industry

14. MOTHER
Full maiden name Maud Nesbitt,
15. Residence (Usual place of abode) Globe,
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 43 (Years)
18. Birthplace (city or place) Eastland,
(State or country) Texas,
19. Occupation Housewife,
Nature of Industry

20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 6
(b) Born alive but now dead 2
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated
(Born alive or stillborn.)
Signature G. E. Wightman
Address Globe, Ariz.
(Physician or midwife).

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Given name added from a supplemental report
Month, day, year
225-921-453
Registrar

Filed 9/11, 1925 W. W. Horsch
Local Registrar.
County Registrar.